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RAJASTHAN STATE LEGAL SERVICES AUTHORITY

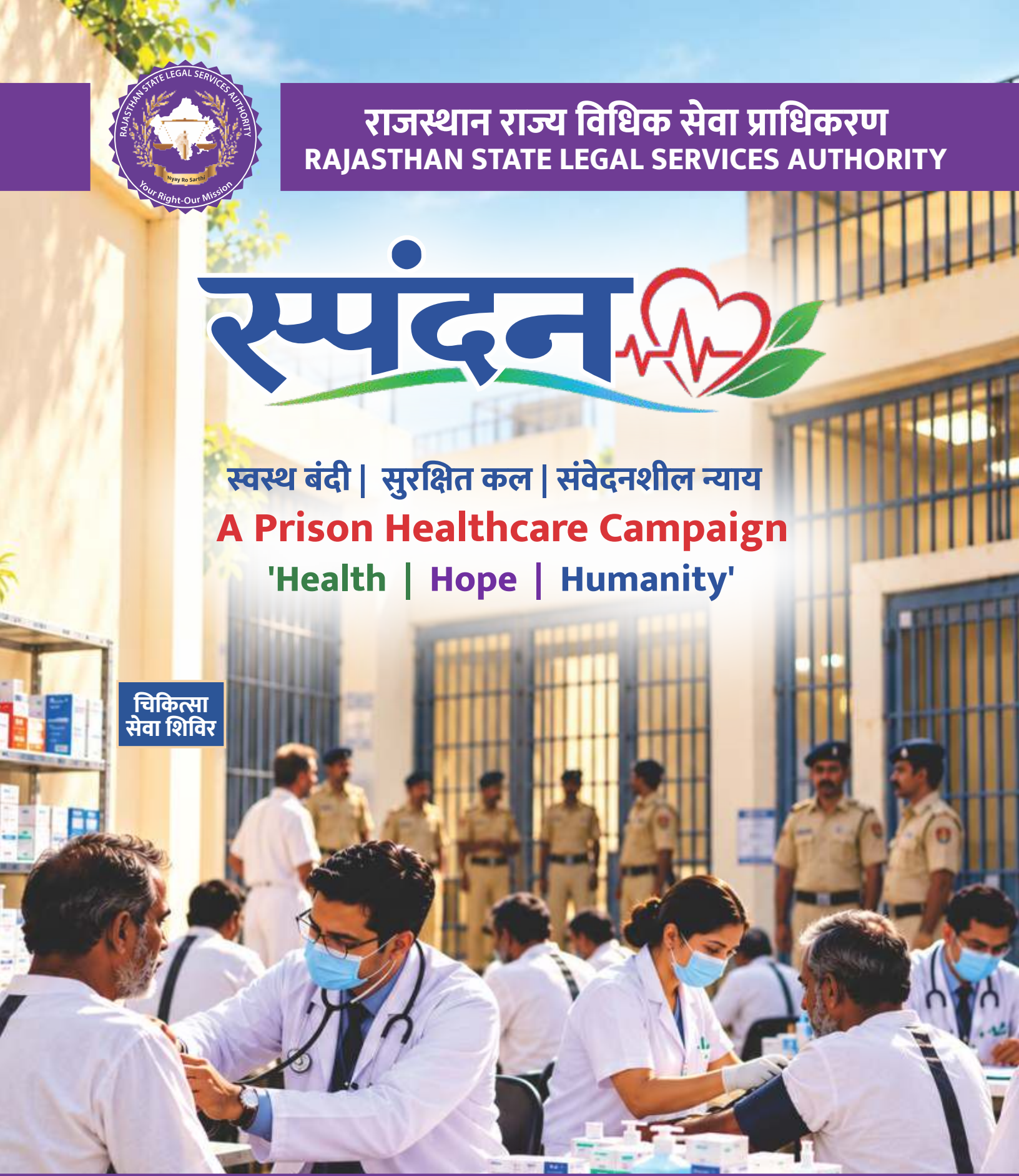
स्पंदन

स्वस्थ बंदी | सुरक्षित कल | संवेदनशील न्याय

A Prison Healthcare Campaign

'Health | Hope | Humanity'

चिकित्सा सेवा शिविर



- Medical Check-ups
- Treatment & Medicines
- Specialist Care
- Better Health Brighter Futures

RAJASTHAN STATE LEGAL SERVICES AUTHORITY



RAJASTHAN STATE LEGAL SERVICES AUTHORITY (RSLSA)

Hon'ble Guides and Guardians



Hon'ble Mr. Justice Sanjay K. Agrawal
The Chief Justice, Rajasthan High Court &
Patron-in-Chief, Rajasthan State Legal Services Authority



Hon'ble Mr. Justice Vinit Kumar Mathur
Administrative Judge, Rajasthan High Court &
Executive Chairman,
Rajasthan State Legal Services Authority



Hon'ble Mr. Justice Inderjeet Singh
Judge, Rajasthan High Court &
Chairman, Rajasthan High Court Legal Services
Committee, Jaipur



Hon'ble Mr. Justice Arun Monga
Judge, Rajasthan High Court &
Chairman, Rajasthan High Court Legal Services Committee, Jodhpur



Hon'ble Mr. Justice Sanjay K. Agrawal

The Chief Justice, Rajasthan High Court &
Patron-in-Chief, Rajasthan State Legal Services Authority

Message

The true measure of a just and humane society lies in its ability to safeguard the dignity, health and well-being of every individual, including those living in the confines of prisons. Access to timely medical care is not merely a matter of healthcare administration; it is an essential aspect of human dignity and a fundamental concern of access to justice.

Prison inmates often face unique challenges in accessing specialized medical treatment. The non-availability of adequate escort personnel may, at times, impede or delay their referral to hospitals, thereby creating barriers to essential healthcare. Addressing such challenges calls for a coordinated, compassionate and sustainable institutional response.

The "Spandan – Prison Healthcare Campaign", initiated by the Rajasthan State Legal Services Authority, seeks to bridge these gaps by facilitating timely medical screening, early identification of illnesses, access to specialist consultations and appropriate referral for further treatment. The initiative reflects our commitment to ensuring that administrative constraints do not deprive persons in custody of the medical attention they require.

I firmly believe that meaningful collaboration among legal services authorities, prison administrations and healthcare institutions can transform the delivery of healthcare within prisons and strengthen the rehabilitative dimensions of our justice system.

Let Spandan become a symbol of compassion in action—a collective endeavor to ensure that every life is valued, every health concern is acknowledged, and every person in custody receives care with dignity and humanity.

Spandan — A Commitment to Health, Dignity and Humane Justice.

Sanjay K. Agrawal
The Chief Justice, Rajasthan High Court &
Patron-in-Chief, Rajasthan State Legal Services Authority



Hon'ble Mr. Justice Vinit Kumar Mathur

Administrative Judge, Rajasthan High Court &
Executive Chairman, Rajasthan State Legal Services Authority

Message

Access to timely and adequate healthcare is an essential component of the right to life and human dignity. The health concerns of persons in custody deserve special attention, as their access to medical facilities is dependent upon the institutional arrangements available to them.

It is a matter of serious concern that, at times, the unavailability of adequate escort personnel results in delays or difficulties in referring prison inmates to hospitals for essential medical examination and treatment. Such logistical constraints must not become an impediment to timely healthcare.

The "Spandan – Prison Healthcare Campaign" is a meaningful initiative aimed at bridging this gap by facilitating medical screening, timely diagnosis, specialist consultation and appropriate referral services for inmates in prisons across Rajasthan.

I believe that coordinated efforts by the prison administration, healthcare institutions and legal services authorities will strengthen access to healthcare for persons in custody and promote a more humane and responsive justice system.

Let us reaffirm our collective commitment to ensuring that every individual, irrespective of their circumstances, receives timely medical attention with dignity, compassion and care.

Vinit Kumar Mathur
Administrative Judge, Rajasthan High Court &
Executive Chairman, Rajasthan State Legal Services Authority



Shri Hari Om Attri
Member Secretary
Rajasthan State Legal Services Authority

Message

The Spandan – Prison Healthcare Campaign stems from a pressing concern that calls for immediate attention and meaningful intervention. While reviewing the prevailing circumstances in prisons, I was deeply concerned by the difficulties faced by prison inmates in accessing hospital-based medical facilities, particularly when the non-availability of escort personnel impeded or delayed their referral for essential medical examination and treatment.

The realization that a person in need of medical attention could remain deprived of timely treatment due to logistical constraints prompted me to explore a practical and sustainable response to this challenge. It was this concern that became the driving force behind the conceptualization and initiation of Spandan by the Rajasthan State Legal Services Authority.

The initiative seeks to take healthcare closer to prison inmates through organized medical screening, on-site consultations, early identification of illnesses and appropriate referral mechanisms, wherever specialized treatment or hospitalization is required. It aims to reduce avoidable delays, strengthen coordination between prison authorities and healthcare institutions, and ensure that medical needs receive timely attention.

For me, Spandan represents more than a healthcare drive; it is an endeavor to translate a recognized institutional concern into a concrete and compassionate response. Through this initiative, we seek to address existing gaps in access to medical care and develop a more responsive framework for the healthcare of persons in custody.

I sincerely hope that this initiative will evolve into a sustained endeavor, ensuring that the limitations of institutional arrangements do not become barriers to essential healthcare and that every prison inmate receives the medical attention that their condition warrants.

Spandan — Turning Concern into Care, and Compassion into Action.

Hari Om Attri
Member Secretary
Rajasthan State Legal Services Authority

01

ABOUT THE CAMPAIGN

SPANDAN ***A Prison Healthcare Campaign "Health, Hope, Humanity."*** is a three-month statewide special drive of the **Rajasthan State Legal Services Authority (RSLSA)** to strengthen access to timely, appropriate and dignified medical care for prisoners. The initiative brings Jail Authorities, the Health Department, Police Authorities and District Legal Services Authorities (DLSAs) together around a planned and accountable system for medical examination, referral, transport, treatment and follow-up.

The campaign combines regular visits by Special Prison Medical Teams with a dedicated, pre-planned medical escort mechanism for prisoners who require investigation or treatment outside the jail. It also establishes a Medical Treatment Tracking Register and monthly review so that every referral can be followed through to its outcome.

Wherever medically feasible, specialist consultation and treatment will be provided within the prison premises. Where an outside referral is necessary, the concerned authorities will coordinate to ensure that the prisoner reaches the appropriate Government or recognized medical institution and receives the recommended care.

Campaign Duration

The duration of the campaign is 3 months and it will commence from 15th November 2026.

Guiding Approach

- Prisoner health and dignity must remain central to every administrative arrangement.
- Routine referrals should be planned; emergency cases must never wait for the scheduled escort cycle.
- Responsibility, referral status and outcomes should be recorded clearly and reviewed regularly.
- The campaign should minimise avoidable transport while ensuring that no necessary treatment is missed.

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OBJECTIVES OF THE CAMPAIGN

The primary objective of SPANDAN is to ensure that a prisoner medically recommended for necessary treatment is not deprived of it merely because an escort, coordination or administrative arrangement is unavailable.

- Ensure timely medical examination and appropriate treatment for prisoners identified by Jail Medical Officers or other competent medical authorities.
- Provide regular specialist consultation within jail premises wherever medically feasible.
- Create a predictable, fortnightly mechanism for transporting prisoners who require outside investigations, consultations, procedures or treatment.
- Ensure immediate transport to an appropriate hospital in urgent and emergency cases, without waiting for a scheduled visit.
- Strengthen coordination among Jail Authorities, CMHOs/Health Department, Police Authorities and DLSAs.
- Identify and reduce the gap between prisoners referred for outside treatment and prisoners who actually receive that treatment.
- Maintain reliable, district-wise records of referrals, escorts, treatment received, delays and corrective action.
- Prioritise prisoners with serious, chronic or potentially life-threatening conditions and those requiring specialised investigations.

Success Means

A medical referral is not treated as complete merely because it has been issued. It is followed through until the prisoner reaches the appropriate facility and receives the advised consultation, test, procedure or treatment or the reason for non-completion is documented and addressed.

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PROPOSED COMPONENTS

The campaign will operate through the following connected measures:

COMPONENT	KEY ACTION
A. Special Prison Medical Teams	At least two jail visits every month during the first and third weeks; examination, specialist advice and identification of outside referrals.
B. Dedicated Medical Escort Mechanism	A district-wise escort roster and planned transport at least twice a month, during the second and fourth week.
C. DLSA Coordination	The Chairperson, DLSA provides overall supervision; The Secretary, DLSA acts as nodal coordinator and tracks referrals through treatment.
D. Community / Bhamashah Support	DLSA Secretaries identify potential Bhamashah contributors who may support well-equipped ambulances or mobile medical vans, subject to approvals and applicable rules.
E. Medical Treatment Tracking Register	Each jail records the referral, planned date, escort status, treatment outcome, follow-up and reasons for delay.
F. Monthly Review and Reporting	DLSAs review progress, submit a standard monthly report to RSLSA and escalate persistent gaps.
G. State-Level Monitoring	RSLSA compiles district data, identifies recurring bottlenecks and takes up unresolved issues with concerned authorities.

Operating Principle

A coordinated and scheduled system for routine referrals, with a separate immediate-response pathway for emergencies.

04

SPECIAL PRISON MEDICAL TEAMS

The Chief Medical and Health Officer (CMHO) of each district, in consultation with the concerned Jail Authorities, shall facilitate constitution of a Special Prison Medical Team for the jails falling within the district. The team should comprise at least five doctors, with specialists included as far as practicable according to prisoners' medical needs and the availability of specialists. The special prison medical team shall visit the prisons with well equipped ambulances or medical mobile vans equipped with **Multipara Patient Monitor, Portable 12-Lead ECG Machine, Portable Defibrillator with AED, Transport Ventilator, Portable Oxygen Delivery System, Portable Suction Machine, Syringe Infusion Pump, Portable Nebulizer, Portable Pulse Oximeter, Digital BP Monitor, Portable Blood Glucose Meter, Portable Laryngoscope etc.**

Frequency and Functions

- Visit each jail at least twice during first and third weeks.
- Examine prisoners identified or recommended by the Jail Medical Officer.
- Provide specialist consultation and treatment within the jail premises to the maximum extent medically feasible.
- Identify prisoners who genuinely require referral to a Government or recognised hospital outside the jail.
- Prescribe necessary diagnostic investigations, including X-ray, CT scan, MRI, pathology tests and specialist consultations, as clinically indicated.
- Record the urgency, nature and recommended timeframe for each outside investigation, consultation or treatment.
- Reduce avoidable outside referrals by providing appropriate consultation within the prison wherever medically feasible.

Referral List and Coordination with the DLSA

At every visit, the Special Medical Team shall prepare a clear list of prisoners requiring referral outside the jail. The list should identify the medical referral, required investigation/treatment, urgency and recommended timeframe, subject to appropriate confidentiality safeguards. The list shall be shared promptly with the Secretary, DLSA, who shall coordinate with the CMHO and concerned authorities to facilitate the required referral and treatment

Follow - Through

The referral list must be tracked until the prisoner is taken to the medical institution and the recommended care is provided, or a documented reason and corrective action are recorded.

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DEDICATED MEDICAL ESCORT MECHANISM

For prisoners who, after examination by the Special Medical Team, require outside diagnostic tests, specialist consultation, treatment or procedures, a Dedicated Medical Escort Roster shall be prepared in each district.

- The Superintendent of Police/Commissioner of Police, in coordination with Jail Authorities and the DLSA, shall identify adequate police personnel for this purpose.
- As a standard mechanism, the dedicated escort team should be available twice during the second and fourth weeks, exclusively for transporting medically referred prisoners to Government hospitals or medical institutions.
- The schedule should be prepared in advance in coordination with the Jail Superintendent so that non-emergency cases can be grouped and transported in a planned manner.
- The roster should reflect the number of prisoners, destination, required appointment or test, escort arrangements and any special transport needs.
- The concerned authorities should promptly resolve cancellations, unavailability of personnel or hospital scheduling issues and record the corrective action.

Emergency Cases

No Waiting

Immediate Escort

Any prisoner requiring urgent or emergency medical intervention shall be taken to the appropriate hospital immediately. Emergency cases must not be deferred until the next fortnightly visit or scheduled escort date.

The planned roster is intended to improve routine access to care; it does not limit or replace the duty to respond immediately to emergencies or to comply with clinical advice and applicable law.

06

ROLE OF THE DLSA

The entire district-level mechanism shall function under the overall supervision of the Chairperson, DLSA. The Secretary, DLSA shall act as the nodal coordinator and maintain regular coordination with Jail Authorities, the CMHO/Special Medical Team, the Superintendent of Police/Commissioner of Police, Government hospitals and other stakeholders.

Responsibilities of the Secretary, DLSA

- Obtain the referral list prepared by the Special Medical Team after each jail visit and coordinate with the CMHO and concerned authorities for timely medical access.
- Track each outside referral from recommendation through escort, hospital attendance, treatment/investigation and follow-up.
- Review the gap between prisoners referred for outside treatment and those actually taken outside and provided the recommended care.
- Coordinate preparation of a joint fortnightly schedule for non-emergency referrals with Jail, Police and Health Authorities.
- Place a monthly status report before the Chairperson, DLSA and convene coordination meetings where significant gaps are noticed.
- Escalate unresolved delays, repeated escort shortages and other barriers to the appropriate district authorities and, where necessary, to RSLSA.
- Contact Bhamashahs and other potential community contributors within the jurisdiction to explore support for well-equipped ambulances or mobile medical vans for jail medical visits, subject to applicable rules, approvals and safeguards.

Bhamashah-Supported Medical Transport and Facilities

DLSA Secretaries may identify willing Bhamashahs who can support suitable, well-equipped ambulances or mobile medical vans. The objective is to enhance the facilities available to the visiting medical team and, where appropriate, enable more medical services to be delivered at the jail. Any such support should be voluntary, transparent, properly documented and accepted only through the competent authority and in accordance with applicable financial, procurement, safety and government rules.

Important

External support is supplementary. It must not delay urgent care or substitute for the responsibilities of the Jail, Police and Health Authorities.

07

PRISONER MEDICAL TREATMENT TRACKING REGISTER

Every jail shall maintain a Prisoner Medical Treatment Tracking Register, preferably in digital form where feasible. The register should enable the authorities to identify where a referral is pending and what action is needed.

- Name and Prisoner ID
- Name of jail
- Medical condition / clinical concern (recorded with due confidentiality)
- Date of medical recommendation or referral
- Treatment, test or consultation advised
- Whether treatment can be provided within the jail
- Urgency and recommended timeframe
- Date fixed for outside treatment
- Escort provided / not provided and reason
- Date the prisoner was actually taken outside
- Hospital or medical institution visited
- Treatment or test undertaken and outcome/status
- Follow-up advised and next appointment, if any
- Reason for delay or non-completion, if any
- Corrective action taken and date of resolution

Recording Standard

Entries should be timely, accurate and updated after each material event. Access to identifiable medical information should be restricted to authorised persons and handled in accordance with applicable law and official protocols.

The register will help distinguish whether a delay arises from medical referral, escort availability, hospital scheduling, administrative coordination or another cause, enabling targeted corrective action.

08

MONTHLY REVIEW AND DISTRICT ACCOUNTABILITY

The Secretary, DLSA shall place a monthly status report before the Chairperson, DLSA. At a minimum, the report should include:

- Total number of prisoners examined by the Special Medical Team.
- Number referred for outside treatment, investigation or specialist consultation.
- Number actually taken outside and number who received the recommended treatment or investigation.
- Number awaiting treatment and number of referrals pending beyond the recommended time frame.
- Number of cases delayed due to non-availability of escort personnel.
- Number of emergency cases and confirmation that urgent transport was arranged immediately.
- Number of diagnostic investigations pending and reasons for pendency.
- Number of cases requiring follow-up and the status of follow-up care.
- Corrective measures taken, responsible authority and expected completion date.

District Coordination

Where a significant gap is noticed, the Chairperson, DLSA may convene a monthly coordination meeting with Jail Administration, Police Department and Health Department representatives. The meeting should identify the cause of delay, agree on specific corrective action, assign responsibility and set a date for compliance.

Accountability Flow

Chairperson, DLSA — overall supervision
Secretary, DLSA — nodal coordinator and referral tracker
Superintendent, Jail + CMHO / Special Medical Team + SP / Commissioner of Police
Fortnightly medical treatment and escort schedule; immediate emergency response
Monthly compliance report to DLSA and onward reporting to RSLSA

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PRIORITY MEDICAL NEEDS

Within available clinical resources, priority attention should be given to prisoners whose condition or recommended treatment makes delay particularly serious. Clinical urgency shall be determined by the competent medical authority.

- Serious or chronic illnesses requiring regular review or uninterrupted treatment.
- Suspected cancer or conditions requiring urgent diagnostic work-up.
- Cardiac conditions.
- Neurosurgical or other serious neurological disorders.
- Renal diseases.
- Serious respiratory conditions.
- Conditions requiring surgery or specialised procedures.
- Prisoners requiring MRI, CT scan or other specialised investigations.
- Prisoners referred to higher or specialised medical institutions.
- Cases specifically identified as urgent by the competent medical authority.

Clinical Judgment and Dignity

Prioritisation should be based on documented medical advice and urgency, not on administrative convenience. Prisoners should be treated with dignity and without discrimination. Medical details must be shared only to the extent necessary to arrange care, transport and lawful monitoring.

No Avoidable Delay

If a medical professional indicates that delay may jeopardise health or life, the case should be escalated immediately and managed according to the clinical recommendation.

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STATE-LEVEL MONITORING AND THREE-MONTH REVIEW

RSLSA may prescribe a standard reporting format to be submitted by every DLSA on a monthly basis. The State Authority shall compile district-wise information and monitor the number of prisoners medically referred for outside treatment against the number actually taken outside and provided the recommended care.

- Review district-wise referral-to-treatment completion rates and recurring delays.
- Identify districts with persistent or significant gaps and take up the matter with the concerned Police, Jail and Health Authorities.
- Review the adequacy and reliability of fortnightly escort arrangements and emergency response.
- Track whether Special Medical Teams are visiting each jail at least twice a month.
- Review the functioning of the Medical Treatment Tracking Register and monthly reporting.
- Assess the usefulness, feasibility and compliance of any Bhamashah-supported ambulance or mobile medical van arrangements.

Duration and Review Milestones

Prioritisation should be based on documented medical advice and urgency, not on administrative convenience. Prisoners should be treated with dignity and without discrimination. Medical details must be shared only to the extent necessary to arrange care, transport and lawful monitoring.

PERIOD	FOCUS	EXPECTED OUTPUT
Month 1	Constitute teams; establish rosters, referral lists and tracking registers.	Baseline status and first monthly report.
Month 2	Run scheduled visits and escorts; address identified bottlenecks.	Progress report and corrective-action review.
Month 3	Consolidate data; assess outcomes and unresolved gaps.	Three-month outcome review and recommendations.

After three months, RSLSA may review the results on the basis of district-wise data. If found effective, the mechanism may be institutionalised through a regular coordination protocol among DLSAs, Jail Administration, Police Department and Health Department.

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IMPLEMENTATION CHECKLIST

For coordinated implementation during the three-month special drive, the following actions are proposed:

1. Special Prison Medical Teams to be constituted through the concerned CMHO in consultation with Jail Authorities, with each jail visited at least twice every month.
2. Dedicated medical escort arrangements to be made by the concerned Police Authorities at least twice every month, preferably once every 15 days, for prisoners requiring outside medical care.
3. Emergency cases to be transported immediately without waiting for a scheduled visit.
4. Chairperson, DLSA to provide overall supervision and Secretary, DLSA to act as nodal coordinator.
5. Special Medical Teams to share an outside-referral list with the Secretary, DLSA after each visit; the Secretary, DLSA to coordinate with the CMHO and concerned authorities to facilitate care.
6. DLSA Secretaries to explore, through proper channels, voluntary support from Bhamashahs for well-equipped ambulances or mobile medical vans suitable for jail medical visits.
7. Jail, Police and Health Authorities to prepare a joint fortnightly schedule for non-emergency referrals.
8. Each jail to maintain and regularly update a Medical Treatment Tracking Register.
9. DLSAs to submit monthly compliance/status reports to RSLSA in the prescribed format.
10. RSLSA to undertake state-level monitoring and review, with persistent gaps specifically taken up with concerned authorities.
11. The campaign to operate initially as a three-month special drive, followed by an outcome-based review.

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CLOSING COMMITMENT

SPANDAN calls for a coordinated, humane and accountable response to prisoners' medical needs. Its success will be measured not only by the number of visits or referrals made, but by whether medically necessary care is actually received without avoidable delay.

The Commitment

Every referral followed. Every delay examined. Every necessary treatment pursued.


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